



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: BAPTIST HEALTH FLOYD

City of Hospital: New Albany

Year Begin: 09/01/2017 (mm/dd/yyyy format)

Year End: 08/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Mary Paul

Email Address: mary.paul@bhsi.com

Medicare Provider Number: 123456

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$557320882
Outpatient Patient Service Revenue	\$728957201
Total Gross Patient Service Revenue	\$1286278083

2. Deductions From Revenue

Contractual Allowance	\$980224884
Other Deductions	\$22735561
Total Deductions	\$1002960445

3. Total Operating Revenue

Net Patient Service Revenue	\$270365861
Other Operating Revenue	\$2585781
Total Operating Revenue	\$272951642

4. Operating Expenses

Salaries and Wages	\$88154347	Employee Benefits	\$21156020
Depreciation and Amortization	\$13528468	Interest Expense	\$0
Bad Debt	\$12951778	Other Expenses	\$143475009
Total Operating Expenses	\$279265622		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4700763	Total Assets	\$242409799
		Total Liabilities	\$24646331

Net Non-operating Gains over Loss	\$-227178
Total Net Gains	\$4473585

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$691064745	\$536758143	\$154306602
Medicaid	\$180552478	\$146858936	\$33693542
Other Government	\$11785354	\$9550165	\$2235189
Other State	\$0	\$0	\$0
Other Payers	\$402875505	\$287057641	\$115817864
Total	\$1286278082	\$980224885	\$306053197

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$313385	\$43250	\$270135

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	13,820
Number of Citizens Exposed to Health Education Messages	30225

Statement Six: Charity Statement

Hospital Charity Charges	\$22735560
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4219916	
HCI Payments	\$0		
Subtotal	\$0	\$4219916	\$-4219916
Medicaid Shortfalls	\$32670471	\$39252030	
Subtotal	\$32670471	\$43471946	\$-10801475
DSH Payments	\$0		
Subtotal	\$32670471	\$43471946	\$-10801475
Medicare Shortfalls	\$96876345	\$102297235	
Other Government Programs	\$2187388	\$2499786	
Total	\$131734204	\$148268967	\$-16534763

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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